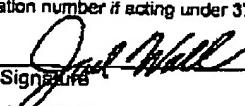


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| | | |
|---|---|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after December 8, 2004) | | Docket Number (Optional) 89-838 CIP1RCE1 |
| Application Number 09/560,006 | | Filed April 27, 2000 |
| For METHODS AND SYSTEMS FOR SELECTION OF MULTIMEDIA PRESENTATIONS | | |
| Art Unit 2176 - Confirmation No.: 2711 | Examiner Maikhanh NGUYEN | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | Fee \$120.00 | Small Entity Fee \$60.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450.00 | \$225.00 |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1,020.00 | \$510.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,590.00 | \$795.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,160.00 | \$1,080.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-2347</u> . I have enclosed a duplicate copy of this sheet. | | |
| I am the | <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). <input type="checkbox"/> Registration number if acting under 37 CFR 1.34(a) <u>25,648</u> | |
|  | | Date <u>April 14, 2006</u> |
| Typed or printed name <u>Joel Wall</u> | | Telephone Number <u>(972) 718-4800</u> |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> Total of | 1 | forms are submitted. |

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the United States Patent Office at 571-273-8300.

Dated: April 14, 2006

Signature: Christian R. Andersen (Christian R. Andersen)

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